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Bib Data Sheet

CONFIRMATION NO. 8141

SERIAL NUMBER 09/942,516	FILING OR 371(c) DATE 08/30/2001 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 2000P09059US01
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**APPLICANTS**

John E. Auer, Ipswich, MA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/249,576 11/17/2000 O.K. DBC

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 10/03/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature <u>Dink P. Chagaris</u> Initials <u>DR</u>		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
MA	5	20	3

**ADDRESS**

43713

**TITLE**

System and method for processing patient information

FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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